

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DISCHARGE RADIATION SOURCE, IN
PARTICULAR UV RADIATION
Attorney Docket Number:: 0512-1251
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: FRANCE
 Status:: Full Capacity
 Given Name:: CHRISTOPHE
 Middle Name::
 Family Name:: CACHONCINLLE
 Name Suffix::
 City of Residence:: ORLEANS
 State or Province of
 Residence::
 Country of Residence:: FRANCE
 Street of Mailing 8A, RUE DE LAHIRE
 Address::
 City of Mailing Address:: ORLEANS
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-45000

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: FRANCE
 Status:: Full Capacity
 Given Name:: REMI
 Middle Name::
 Family Name:: DUSSART
 Name Suffix::
 City of Residence:: ST-PRYVE-SAINT MESMIN
 State or Province of
 Residence::
 Country of Residence:: FRANCE
 Street of Mailing 175B, ROUTE DE SAINT-MESMIN
 Address::
 City of Mailing Address:: ST-PRYVE-SAINT MESMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45750

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CLAUDE

Middle Name::

Family Name:: FLEURIER

Name Suffix::

City of Residence:: MARCILLY EN VILETTE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 4, LOTISSEMENT DE LA TUILERIE

Address::

City of Mailing Address:: MARCILLY EN VILETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45240

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-MICHEL

Middle Name::

Family Name:: POUVESLE

Name Suffix::

City of Residence:: SAINT-PRYVE-SAINT-MESMIN

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 15, RUE DES MAUVIGNONS

10/519552

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Address::

City of Mailing Address:: SAINT-PRYVE-SAINT-MESMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45750

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ERIC

Middle Name::

Family Name:: ROBERT

Name Suffix::

City of Residence:: ORLEANS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 125, RUE GUY DE MAUPASSANT

Address::

City of Mailing Address:: ORLEANS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: RAYMOND

Middle Name::

Family Name:: VILADROSA

Name Suffix::

City of Residence:: DARVOY

State or Province of

Residence::

Country of Residence:: FRANCE
 Street of Mailing 29, RUE DE CHAUDY
 Address::
 City of Mailing Address:: DARVOY
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-45150

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02002	6/27/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08149	6/28/02	Yes

10/519552

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Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::